

FILED JUN 19 1945

Registration District No. 240

Primary Registration District No. 4358

Registrar's No. 156

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution No (Specify whether) 1
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Lilbourn 72
(If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Albert Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race Black 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Minnie Johnson 6. (c) Age of husband or wife if alive 1885
7. Birth date of deceased July - 4 - 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Stewart Co. Tenn (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Rus Johnson
13. Birthplace unk unk (City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk unk (City, town, or county) (State or foreign country)

16. (a) Informant Lewis M. Farland
(b) Address Lilbourn, Mo

17. (a) Burial (b) Date thereof 5-19-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fannie Davill land

18. (a) Signature of funeral director Richards and Co
(b) Address New Madrid, Mo

19. (a) 5-20-45 (b) Mrs. J. L. Farland (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1945 hour 19:00 minute P M.
21. I hereby certify that I attended the deceased from Jan 10 1945 to May 9 1945 that I last saw him alive on May 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 4 mo

Due to

Due to

Other conditions Hypertension (Include pregnancy within 6 months of death)

Major findings: Of operations 938 Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. E. Jones (M. D. or other) 0
Address Lilbourn, Mo Date signed 5-25-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

72
2
0

RECEIVED

District Health Office No.

District File Number *645-84*

Date *6-12-45*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leo Hedyjapeth*.....

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.